# MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

(Please list your certifications next to your name, CIH, CSP, PE, PhD, etc.)

Business Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Circle **YES** or **NO** as appropriate:

Do you have over 10 years of professional experience in occupational safety and health? **YES NO**

Are you an AIHA Member? **YES NO**

Are you an AIHA Fellow? **YES NO**

***Note: If you are an AIHA Fellow there is no other information required with your application. If you are not an AIHA Fellow, please submit your resume along with your application****.*

Your **a**pplication will be reviewed by the YPSW Executive Committee as required by our bylaws; **you will be notified of acceptance at which time you will be requested to send dues.**

**YPSW Dues are: Annual:** $35.00 **or** Life Membership: $250.00

Please send all correspondence to:

Robert Lieckfield, Jr

Secretary-Treasurer

YPSW Section, AIHA

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